

DATE OF REGISTRATION: _____

STUDIO LOCATION: _____

FAME DANCE STUDIOS LTD.

BOX 1474, LLOYDMINSTER, SK, S9V 1K4 // 780-871-1494 // e-mail: famedancestudios@gmail.com // famedancestudios.com

6-WEEK COURSE REGISTRATION FORM

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL: _____

STUDENT'S DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

MEDICAL PROBLEMS: _____

COURSE PRICE Please check one box:

☐ 6-WEEK COURSE: (30 min class per week) \$97.14 +GST = \$102.00

☐ 6-WEEK COURSE: (45 min class per week) \$114.29 +GST = \$120.00

TOTAL DUE: INCLUDING GST @ 5% : \$ _____ *GST#83427 7279

PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM

AUTHORIZED BY _____ RECOMMENDED BY _____

HOW DID YOU HEAR ABOUT US? _____

*I hereby acknowledge that I have read and agreed with the policies of Fame Dance Studios Ltd. that are posted on the Fame Dance Studios Ltd. website (famedancestudios.com) and will abide by them.

Parent/Guardian signature: _____ Parent/Guardian name: _____